METHAMPHETAMINE AWARENESS CONFERENCE

Casper Events Center – January 22-23, 2004 Detailed schedule/information available at www.casperwyoming.org/meth/ Thursday, January 22, 2004 8:00 a.m. – 5:15 p.m. Friday, January 23, 2004 8:00 a.m. – 12:00 noon

REGISTRATION FORM

Name Address (Street or P.O. Box) Telephone		Company/Organization	Company/Organization		
		City	State	Zip	
		Email Address	Email Address		
There are three s	end. Please indicate your first ch Clinical Treatment – Dr. Ole T University of Nevada School o Youth Family Treatment – Sus	the beginning of the conference. Plea hoice [1] and second choice [2]. 'hienhaus – Chairman Department of P of Medicine	sychology	on you	
[] Track #3	Law Enforcement – SA Robert	t Pennel – California Bureau of Narcot			

Cancellations and Refunds

Registration fees will be refunded only if a cancellation is received in writing no later than January 19, 2004. All refunds will be processed after the conference. Substitutions are allowed.

Mail Registration Form

Please mail completed registration form with payment or purchase order to: City of Casper Police Department, Attn: Mary Ellen Stewart, 201 North David, Casper WY 82601

For More Information or Questions

Contact Mary Ellen Stewart at the City of Casper Police Department, (307) 235-8225, Barbara Summers (307) 234-4591, or the Casper Area Chamber of Commerce (307) 234-5311